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TRADE DISCOUNT APPLICATION

PLEASE FILL IN ALL SPACES

Business Name_____

Principal Business _____

Address_____

City/Province_____ Postal Code_____

Phone_____ Cell _____ Fax _____

Email _____Website _____

Type of Business (architect, interior designer, other, please describe)_____

Year this Business Started_____ Business # _____ _____

Institute where Degree/Diploma was obtained_____

Types of Products Sold_____

Please list all individuals authorized to make purchases on this account:

1. Name _____Business Phone_____

Email_____

2. Name _____Business Phone_____

Email _____

3. Name _____Business Phone_____

Email _____

Authorized Signature of Owner/Head Buyer _____

Print Name _____Title_____

Date _____ Would you like an associate to call on you?   YES ☐   NO ☐

*Business card and a copy of business license must be attached.

Sales Associate_____

HEAD OFFICE USE ONLY APPROVED: YES ☐   NO ☐   Date: _____

If no, reason: _____

APPROVED BY: _____